FIRST STEPS REFERRAL TO ECSE DOCUMENTATION FORM

	1. <u>Directory information</u>
Child's Name:	Birth Date:
Parents Name:	Phone Numbers:
Address:	
	2. <u>Timeline Information</u>
Date complete Directory Information <u>received</u> b	by LEA : Method of provision: written verbal
Total number of days between child's third birth	hday and the date complete Directory Information is received: <120 days? _Yes _No
Date of Referral <u>TO</u> First Steps:	(found on page 2 of First Steps ROI form or obtained at Transition Conference)
Date of provision of Procedural Safeguards to pa	parent (within 5 schools days of referral):
Date parental consent for Initial Evaluation recei	eived by LEA:
3.	. IEP by Third Birthday Decision-making Flow Chart
Date of Child's Third Birthday:	- Date of Referral <u>TO</u> First Steps: = <u>Total Number of Days:</u> days
ow the Initial Evaluation Process – PARENT REFERR	Is the <u>Total</u> Number of Days ≥ 90 days?
re eligibility for ECSE is determined: thin 60 days of consent for initial evaluation if refe	erral and consent
dates allow OR	Follow the Initial Evaluation Process – PARENT
IO LATER THAN the child's third birthday (may requessed timeline if referral is <120 days prior to	
Not Eligible for ECSE	Develop an IEP within 30 days of eligibility determination OR Provide Notice of Action for
ide Notice of Action for ineligibility <u>and</u> an uation Report	Develop an IEP <u>NO LATER THAN</u> the child's third birthday Initial Services <u>and</u> an Evaluation Report